Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee

2011

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

	Complete all entries in accord	lance witl	n the instructions to the Form 550	0-SF.				
	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending 1	2/31/2	2011			
	This return/report is: the first return/report		-employer plan (not multiemployer) eturn/report		a one-participa	ant plan		
	an amended return/report	a short pla	in year return/report (less than 12 mo	onths)				
С	Check box if filing under: Form 5558	automatic	extension		DFVC program	n		
	special extension (enter description	n)						
Pa	irt II Basic Plan Information—enter all requested informa	ation						
	Name of plan			1b	Three-digit			
	TURF FARMS 401(K) PLAN				plan number			
					(PN) •	001		
				1c	Effective date of			
					01/01/2			
	Plan sponsor's name and address; include room or suite number (er TURF FARMS, INC.	nployer, if	for a single-employer plan)		Employer Identific (EIN) 91-100	1452		
				2C	Sponsor's teleph 509-464			
	1 N. MARKET STREET D, WA 99021			2d	Business code (s	ee instructions)		
	Plan administrator's name and address (if same as plan sponsor, en			3b	Administrator's E			
KAT	MEAD, WA 99		ACC I	3c	Administrator's te	lephone number		
4	If the name and/or EIN of the plan sponsor has changed since the la	report filed for this plan, enter the	509-464-1664 4b EIN					
	name, EIN, and the plan number from the last return/report.							
а	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year			5a		10		
b	Total number of participants at the end of the plan year			5b		0		
С	Number of participants with account balances as of the end of the p complete this item)			5c		0		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes No		
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•			<u> </u>		
Pa	rt III Financial Information	0000	or and must motoda acc r crim co.					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End o	of Vear		
a	Total plan assets	7a	156517		(b) End (0		
b	Total plan liabilities	7b						
c	Net plan assets (subtract line 7b from line 7a)	7c	156517			0		
8	Income, Expenses, and Transfers for this Plan Year	70			(b) To	atal		
а	Contributions received or receivable from:		(a) Amount		(b) To	Jiai		
_	(1) Employers	8a(1)	3328					
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-79					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				3249		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	159766					
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				159766		
i	Net income (loss) (subtract line 8h from line 8c)	8i				-156517		
i	Transfers to (from) the plan (see instructions)							
J	יומויטיטיט נט נווטווון נווט פומוו (שפט וווטוועטווטווט)	8j						

Form	5500.	SF.	201

Page 2 -	1
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Dart IV	Plan Characteristics	
Part IV	Pian Unaracteristics	

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

2A 2E 2G 2J 2R 3D

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

) = =4	V Camplianas Ousstians							
art			V	NI.	1			
0	During the plan year:		Yes	No		Ar	nount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			V				
	on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X					150000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	☐ No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		_			
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Y	'es	No	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted in any plan year?			Χ	Yes	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			<u> </u>				(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			ontrol			X Yes	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	he plai	n(s) to					ш
1	3c(1) Name of plan(s):		13	c(2) E	EIN(s)		13c(3)	PN(s)
				• •	. ,		• •	. ,
`auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	isa is	Astal	aliebo	d		
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret						e, a Sch	edule
	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/25/2012	CHRISTOPHER RAY						
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator						
SIGN									
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spons						

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public

Per	nsion Benefit Guaranty Corporation	A Complete all entries in seco	ordance with	the instructions to the Form 550	0-SF.	nispection
Pai		lentification Information	PI GERING WITH			
	alendar plan year 2011 or fisc	al plan year beginning	01/01/2	011 and ending		12/31/2011
	nis return/report is for:	X a single-employer plan	a multiple-e	employer plan (not multiemployer)	[a one-participant plan
Вт	nis return/report is:	the first return/report	X the final ret	urn/report		
		an amended return/report	a short plan	year return/report (less than 12 n	nonths)	
C C	heck box if filing under:	Form 5558	automatic e	extension		DFVC program
•	HECK DOX II IIIIIII dilicoi.	special extension (enter descrip	ition)			
Par	+ II Pacio Dian Infor	mation—enter all requested infor				
	lame of plan	TIALION CITICI AN TOQUESION WHO			1b	Three-digit
	Turf Farms 401(k)) Plan				plan number 0.01
1						(PN) F
						Effective date of plan 01/01/2006
2a 1	Plan sponsor's name and addr	ess; include room or suite number	(employer, if f	or a single-employer plan)	2b	Employer Identification Number
	Turf Farms, Inc.					(EIN) 91-1001452
					2c	Sponsor's telephone number
107	11 N. Market Stree	et			24	509-464-1664 Business code (see instructions)
		00021			Zu	111900
Mea		WA 99021		\	3h	Administrator's EIN
3a I Rav	Plan administrator's name and Turf Farms, Inc.	address (if same as plan sponsor	, enter Same)		91-1001452
	v11 N. Market Stre				3с	Administrator's telephone number
Mea	d	WA 99021			415	509-464-1664
4	If the name and/or EIN of the	plan sponsor has changed since the	ne last return/re	eport filed for this plan, enter the	40	EIN
9	name, EIN, and the pian num Sponsor's name	ber from the last return/report.			4c	PN
	Total number of participants a	t the beginning of the plan year			. 5a	10
h	Total number of participants a	t the end of the plan year			. 5b	0
	Number of participants with a	ccount balances as of the end of the	ne plan vear (d	efined benefit plans do not	1	0
	complete this item)				. 5c	
6a	Were all of the plan's assets	during the plan year invested in eli	gible assets?	(See instructions.)		X Yes No
b	a service and a	the annual axamination and rapart	of an indepen-	dent qualified bublic accountant ()	QPA)	
	under 29 CFR 2520.104-46?	(See instructions on waiver eligibil her 6a or 6b, the plan cannot use	ny and condid	SF and must instead use Form	500.	
Da	rt III Financial Inform	nation				
7	Plan Assets and Liabilities	iddo		(a) Beginning of Year		(b) End of Year
			7a	156	517	0
a h	Total plan description		7b			
		7b from line 7a)		156	517	0
	Income, Expenses, and Trans			(a) Amount		(b) Total
8 a	Contributions received or rec				220	
ч	(1) Employers		8a(1)	3.	328	
	(2) Participants		8a(2)			
	(3) Others (including rollover	s)	8a(3)			
b	Other income (loss)		8b		-79	2240
С	Total income (add lines 8a(1)), 8a(2), 8a(3), and 8b)	8с			3249
d	Benefits paid (including direct	t rollovers and insurance premium	s	159	766	
		ative distributions (see instructions				
e		ctive distributions (see instructions				
Ť		ers (salaries, fees, commissions)				
g		n of and 0m)		,		159766
h		, 8e, 8f, and 8g)				-156517
į.	Net income (loss) (subtract li	ne 8h from line 8c)	8i			
	Transfers to (from) the plan (see instructions) OMB Control Numbers, see the instruction	8]	F.		Form 5500-SF (2011)
For	Paperwork Reduction Act Notice and	OMP COURS! Mampers, see the histraction				v.012611

		Form 5500-SF 2011	Page Z -									
Pa	rt IV	Plan Characteristics										
	If th	e plan provides pension benefits, enter the applicable pension feature A 2E 2G 2J 2R 3D	re codes from the L	ist o	f Plan Chara	acteris	tic Co	des in	the ins	tructio	ns:	
b		e plan provides welfare benefits, enter the applicable welfare feature	e codes from the Lis	st of	Plan Charac	teristi	c Coc	ies in t	he inst	uction	s:	
Par	t V	Compliance Questions										
10	Du	ring the plan year:					Yes	No		A	nount	
а	Wa	is there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	within the time perion Correction Program	od d n)	escribed in	10a		Х				
b) We	re there any nonexempt transactions with any party-in-interest? (Do line 10a.)	not include transac	ction	s reported	10b		Х				
С		as the plan covered by a fidelity bond?				10c	X				1	50000
d	Dic or o	the plan have a loss, whether or not reimbursed by the plan's fidelit dishonesty?	ty bond, that was ca	ause	d by fraud	10d		Х				
е	ins	ere any fees or commissions paid to any brokers, agents, or other pe urance service or other organization that provides some or all of the tructions.)	benefits under the	plan	? (See	10e		х				
f	На	s the plan failed to provide any benefit when due under the plan?				10f		Х				
g		the plan have any participant loans? (If "Yes," enter amount as of y				10g		X	<u> </u>	•		
h	25	nis is an individual account plan, was there a blackout period? (See i 20.101-3.)				10h		Х	,			
i	If 1 exc	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or one	of the	he	101						
Par	t VI	Pension Funding Compliance										
11	ls t	nis a defined benefit plan subject to minimum funding requirements?	? (If "Yes," see instr	uctic	ons and com	plete	Sche	dule S	3 (Form	ì 	Yes	
12	ls	this a defined contribution plan subject to the minimum funding requi	irements of section	412	of the Code	or se	ction	302 of	ERISA	?	Yes	X No
	(lf '	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.	.)			. •			مئمله مما	af iba	latter rul	ina
а	gra	waiver of the minimum funding standard for a prior year is being am		•••••	Mon'	th	and	Day	——	_ Y	ear	<u>.</u>
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB					Γ	12b	1			
b		er the minimum required contribution for this plan year						12c				
d	Sul	er the amount contributed by the employer to the plan for this plan y otract the amount in line 12c from the amount in line 12b. Enter the r	result (enter a minu	s sig	n to the left	of a	l	12d				
٥		ative amount)							Ye	s \sqcap	No [N/A
	t VII	Plan Terminations and Transfers of Assets										
		s a resolution to terminate the plan been adopted in any plan year?		,				X	Yes	No		
		Yes," enter the amount of any plan assets that reverted to the emplo										0
b	We	re all the plan assets distributed to participants or beneficiaries, tran	nsferred to another	plan,	, or brought	under	the c				X Yes	No
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)											
		i) Name of plan(s):					1:	3c(2) E	IN(s)		13c(3)	PN(s)
Cau	ition:	A penalty for the late or incomplete filling of this return/report v	will be assessed u	nles	s reasonab	ile cai	use is	estal	olished	•		
Und SB	ier pe or Sc	nalties of perjury and other penalties set forth in the instructions, I d hedule MB completed and signed by an enrolled actuary, as well as s true, correct, and complete.	leclare that I have e	xam	ined this reti	urn/re	port, i	inçludi	ng, if ap	plicab	le, a Sch lowledge	edule and
			To	Chr	istophe	r Ra	аy					
SIC	3N	- Court Long			or name of h					ما دما ام	introtor	

Date 7 25 /2 Enter name of individual signing as employer or plan sponsor

SIGN HERE